

HOB
3-17-04IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Atty Docket No.: 55121-88011

RECEIVED
CENTRAL FAX CENTER

Koplal, Edward J. et. al

Group Art Unit: 2611

MAR 04 2004

Serial No.: 09/489,373

Examiner: Saltarelli, Dominic D

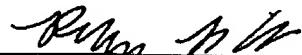
P2
OFFICIAL

Filed: January 21, 2000

For: INTERACTIVE OPTICAL CARDS AND OTHER HAND-HELD DEVICES
WITH INCREASED CONNECTIVITY**CERTIFICATION OF FACSIMILE TRANSMISSION**Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450TO: **Facsimile #703-872-9306**
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450FROM: Randy L. Canis
Greensfelder, Hemker & Gale, P.C.
Intellectual Property Group**Number of Pages Transmitted (including this page): 36**I hereby certify that these papers are being facsimile transmitted to the Patent and
Trademark Office on the date shown below.

Amendment A (33 pages);
 Please charge any additional costs, or credit any overpayment or
 refund, to our Deposit Account No. 07-1985.

Respectfully submitted,

3/4/04
DateName: Randy L. Canis, Reg. No. 44,584
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WITH INCREASED CONNECTIVITY**AMENDMENT TRANSMITTAL**Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 4, 2003, transmitted herewith is the following:

 Amendment A (33 pages)

Fee Determination:

Claims	Total Number of Claims After Amendment	Highest Number of Claims Originally Paid For	Number of Additional Claims	Rate	Additional Cost
Total Claims (37 CFR 1.16(c))	<u>42</u>	- 70	<u>0</u>	x \$18.00 =	\$0.00
Independent Claims (37 CFR 1.16(b))	<u>9</u>	-13	<u>0</u>	x \$86.00 =	\$0.00
Total				=	\$0.00
Fee for Extension of Time (if applicable)				+	\$0.00
Less Small Entity Deduction (if applicable)				x 50%	\$0.00
Total Enclosed				=	\$0.00

The above fee is being paid by:

 Enclosed check; Please charge Deposit Account 07-1985 in the amount of \$_____.

690663

Please charge any deficiency in fees and please credit any excess in fees to Deposit Account 07-1985.

Respectfully submitted,

3/4/04

Date



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